



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation**  
**Division of Commercial Licensing and Racing and Athletics**  
**233 Richmond Street**  
**Providence, RI 02903 – 4230**  
**Telephone No. (401) 222-6541**  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

**FAX (401) 222-6131**  
**TDD: 711**

**2006 ATHLETE LICENSE APPLICATION**  
**\$5.00 FEE**

**CHECK ONE: BOXER:\_\_\_\_\_ KICKBOXER:\_\_\_\_\_ WRESTLER:\_\_\_\_\_**

NAME \_\_\_\_\_  
(Print you full correct name)

RING NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PROOF OF IDENTITY \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

NAME OF YOUR MANAGER \_\_\_\_\_

IS YOUR MANAGER AUTHORIZED TO CONTRACT FOR YOUR APPEARANCE  
OR SERVICES? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF YOUR SECOND(S) \_\_\_\_\_

ARE YOU USING ANY MEDICATION OR DRUGS? IF YES, PLEASE EXPLAIN.

\_\_\_\_\_  
\_\_\_\_\_

(OVER)

HAVE YOU EVER HAD A HEAD INJURY/CONCUSSION AT ANY TIME? IF YES,  
PLEASE EXPLAIN. \_\_\_\_\_

HAVE YOU BEEN KNOCKED OUT ANYWHERE IN THE LAST MONTH? IF YES,  
PLEASE EXPLAIN. \_\_\_\_\_

LIST OTHER STATES IN WHICH YOU EITHER HOLD OR HOLD A LICENSE.

HAVE YOU EVER HAD A LICENSE REVOKED BY ANY STATE OR  
JURDISTRICTION? IF YES, PLEASE EXPLAIN. \_\_\_\_\_

HAS ANY PROMOTOR, ASSOCIATION OR CORPORATION HAVE ANY  
FINANCIAL INTEREST IN YOUR EARNINGS AS A ATHLETE?  
YES \_\_\_\_\_ NO \_\_\_\_\_

HAS APPLICANT ANY FINANCIAL INTEREST IN ANY CORPORATION OR  
ASSOCIATION PROMOTING THIS SPORT IN THIS STATE OR ANY OTHER  
STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS'S SIGNATURE